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# UTILIZATION ISN'T EVERYTHING

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**Abstract** — This article examines an unanticipated problem associated with the successful implementation of the "utilization-focused" method of evaluation described by Patton. The study involved the development and evaluation of a suicide screening instrument for use by the Alberta Solicitor General's Department. To maximize the possibility that these results would be useful, a utilization-focused approach was adopted. We will describe the evolution of the project over a series of stages, from identifying stakeholders to preparing a final report. Although this method improved utilization of results, the enthusiasm generated created a Hawthorne effect, making it difficult to meet the study's original objective of assessing the validity of the screening process. We discuss the process rather than the content of this evaluation, and the problems encountered, in a way that highlights some of the inevitable trade-offs involved in applied research

**Résumé** — Cet article se penche sur un problème imprévu associé à la mise en oeuvre réussie de la méthode d'évaluation (centrée sur l'utilisation) décrite par Patton. L'étude porte sur le développement et l'évaluation d'un instrument de dépistage du suicide dont veut se servir le ministère du Solliciteur général de l'Alberta. Pour maximiser l'utilité éventuelle de ces résultats, on a adopté une approche centrée sur l'utilisation. On décrit l'évolution du projet à plusieurs de ses stades, depuis l'identification des personnes impliquées jusqu' à la préparation d'un rapport final. Bien que cette méthode ait permis d'améliorer l'utilisation des résultats, l'enthousiasme suscité a créé un effet de Hawthorne, si bien qu'il a été difficile d'atteindre les objectifs initiaux de l'étude, qui étaient d'évaluer la validité du processus de dépistage. On discute du processus plutôt que du contenu de cette évaluation, et des problémes rencontrés, d'une façon qui fait ressortir quelques-uns des compromis inévitables associés à la recherche appliquée.

**THIS ARTICLE DESCRIBES A** "successful" evaluation of a suicide screening process for use in remand centers and highlights an unanticipated problem that occurred in implementing Patton's (1978) "utilization-focused" method. The evaluation's aims were to develop and to assess the efficiency and efficacy of a suicide checklist (Arboleda-Florez & Holley, 1988). A

utilization-focused approach was chosen in order to maximize the possibility that the findings be used and the checklist be implemented.

## SUMMARY OF THE UTILIZATION-FOCUSED APPROACH TO EVALUATION

Patton (1978) identifies a number of characteristics of the evaluation process that influence whether or not the findings will be used. Chief among these are the personalities of the individuals involved. Patton states that

> The major factor affecting utilization is the personal energy, interests, abilities, and contacts of specific individuals. (p. 65)

Given the importance of the personal factor, one goal of the evaluation process is to maintain high levels of quality contact with interested program people and with decision-makers. In fact, identification and organization of stakeholders, decision-makers, and potential evaluation users may be Patton's cardinal rule.

A second goal is to incorporate interested stakeholders into the evaluation process:

> What fundamentally distinguishes the utilization-focused approach to evaluation from other approaches is that the evaluator does not alone carry this burden for making choices about the nature, purpose, content and method of evaluation. These decisions are shared by an identifiable and organized group of decision-makers and information users. (p.72)

The evaluator acts as a repository of technical knowledge, experience, advice, and support, which may be used by stakeholders to plan and, sometimes, to execute the study.

A third goal is to focus relevant and empirically testable questions. This is meant to be an interactive process between decision-makers, information users, and other interested staff. Questions must be ones that need answering, as opposed to those that evaluators *think* should be answered, and that are of direct personal interest to decision-makers and information users. They must also be aimed at some future action or decision.

Finally, decision-makers and information users must be involved in the interpretation of results. To this end, data must be presented in a manner that is comprehensible to these individuals. Most important, decision-makers should be allowed the opportunity to interpret data as it becomes available. This promotes a deeper understanding of the evaluation process and avoids unpleasant surprises. If a utilization-focused process has been successfully

established, final dissemination of findings (such as a written report) is likely to be anti-climactic, since decision-makers are already aware of the results of the study and, ideally, have made use of the findings prior to their formal release.

## CASE EXAMPLE

The following case description outlines the establishment of a utilization-focused approach to develop and assess the usefulness of a suicide screening process within the Department of the Solicitor General of Alberta.

### Delineation of the Problem

In November 1983, a general meeting of Calgary Remand Centre clinical and administrative staff was called to discuss growing dissatisfactions with the system of classifying newly admitted inmates on the basis of their suicide potential. A two-tiered system separated inmates into active or passive risks. Active risks required and received immediate protective intervention (single cell, close observation, protective clothing) because their suicide potential was believed to be extremely high. Individuals who were known to have had a prior suicide attempt were considered passive risks and were reported to the living unit officers, who were responsible for monitoring behaviour and reporting any changes which might have affected risk status. All inmates were classified by a member of the nursing staff during a cursory medical examination.

Clinical staff were unhappy with this system because the passive risk category was too broad and ill-defined and was somewhat out of step with recent clinical conceptions of suicide potential. Their major criticism was that no standardized assessment and decision-making procedure existed to differentiate active from passive risks. Each nurse was free to approach the task from a different perspective, based on prior training, experience in penal settings, and personal beliefs about the etiology of suicide and suicide risk among inmates.

Correctional staff were unhappy because more passive risks were identified than could be properly monitored. Administrative staff similarly found that limited health care staff and space made it difficult to assess and house all inmates identified as passive risks.

A review of the pertinent literature reveals the complexity of the issue and highlights health care professionals' inability to predict dangerous behaviour

with a high degree of accuracy. For example, The American Civil Liberties Union has been quoted as stating:

> It now seems beyond dispute that mental health professionals have *no* expertise in predicting future dangerous behaviour either to self or others. In fact, predictions of dangerous behaviour are wrong about 95 percent of the time (Monahan 1984, p. 10).

In addition, the social structure of incarcerated settings has been identified as a factor which may both promote self-destructive behaviours and reduce the predictive value of depression-based scales (Holley & Arboleda-Florez, 1988). Despite the difficulty of predicting risk, correctional settings are legally and morally bound to exercise reasonable care in identifying potentially suicidal inmates and to act according to acceptable professional standards in preventing suicide. Standardized clinical screening protocols, when tailored to meet the needs of a specific population, have usefully served this end in other contexts; unfortunately none of these protocols are available for use in correctional or penal settings. On the basis of this information, an evaluation of the suicide screening process in the Remand Centre was proposed.

## Identifying and Organizing Decision-Makers and Stakeholders

Decision-making in the correctional system, as in other total-care facilities such as mental hospitals, occurs along a number of overlapping tracks. Administrative (including security) lines of authority coexist with health care lines of authority. In Alberta's correctional centers, these operate as virtually distinct systems, with many of the most important players on the health care side (general practitioners, psychiatrists, dentists) functioning as adjuncts to the correctional system. Separate institutional files are also maintained for clinical information. A specialized in-house clinical staff (such as nurses and psychologists) work in conjunction with outside health care professionals. At the time of the project, many of these individuals already possessed a keen interest in the problem of suicide and so were considered to be stakeholders in the project. Because the project was aimed at addressing a health care need, these individuals were also considered to be potential information users.

Given that a suicide screening process is also a method for classifying inmates in terms of security requirements, interested administrators and security personnel were identified. A number of concerns also had to be addressed with regard to security. For example, the study could disrupt institutional procedures. In addition, the study had several special security requirements, such as gaining clearance for research personnel, and training them in institutional routines of safety and security. A wide range of administrative and security

staff, from classification officers and training officers to records personnel, was included as interested parties.

Important stakeholders and potential information users were also identified outside of the institution, among higher levels of government. The Calgary Remand Centre is one of several remand centers operating in the province, so information gained from this investigation had the potential for a much broader impact. Spill-over to other correctional settings was also a possibility.

A last group of stakeholders within the Solicitor General's Department was identified as individuals who had an interest in conducting research, although not necessarily suicide research. Compared to its incidence in university and affiliated settings, research is fairly rare in many correctional systems. In spite of this, however, the Alberta Solicitor General's Department is very much in favor of participating in bona fide research and evaluation programs. The initiation of a suicide project, therefore, generated a great deal of interest. Moveover, a suicide affects every member of the organization, so the process and outcome of this investigation was of great interest to a broad circle of employees.

Alberta is rather unusual with regard to suicide research. In both Edmonton and Calgary there exists a strong network of health care professionals, academics, and community advocates, all of whom are interested in suicide prevention. This grass-roots interest has given rise to the novel position of Provincial Suicidologist and the "Alberta model" of suicide prevention, which has been recommended in a number of publications, including the Report of the National Task Force on Suicide in Canada (1987).

Calgary's Suicide Information and Education Centre operates an on-line computerized library on suicide and self-destructive behaviours that is used by professionals all over the world. The Suicide Behaviours Research Interest Group, an interested group of academics, vigorously researches all facets of suicide and annually organizes a Provincial Suicide Research Day where scientific presentations are made to interested community, academic, and health care members.

Given Alberta's broad academic, community, and correctional interest in suicide, a large number of individuals could have been legitimately considered to be stakeholders in this evaluation. Everyone who was contacted expressed enthusiasm and a desire to participate. Thus, the first major task was to identify an appropriate process that could involve stakeholders without becoming bogged down by their diversity of interests and sheer numbers.

The first group to be contacted were the Calgary Remand Centre health care workers, who had raised the initial concerns and would be most directly affected by the research process and outcome. They were considered to be the information users. Representatives from each of psychology and nursing met with researchers to reiterate the problem and define possible courses of action. At this meeting it became clear that all supported the development of a screening checklist that nursing personnel could use to (a) standardize the initial assessment interview, and (b) provide a valid assessment of risk. A literature search failed to disclose a suicide checklist that was appropriate for use in an incarcerated setting, and specifically in a remand centre.

In conjunction with this core group of individuals a list of potential screening items was generated. After much discussion and several returns to the literature, this list was whittled down to about 20 clinical and historical variables that were considered to be conceptually distinct and could be elicited in the five or so minutes allotted to suicide screening during the cursory medical procedure.

As the Calgary Remand Centre did not have the nursing staff required to meet the study protocol, the initial version of the checklist was tested for reliability at the Forensic Unit, Calgary General Hospital. This had the positive side effect of including one group of interested stakeholders in the evaluation process, which not only provided wider feedback and maintained high levels of interest and enthusiasm for the project, but also minimized the potential for schisms to develop. Based on the reliability study's findings and on individual input, the checklist's content and form were finalized.

At this point, health care staff at Calgary Remand Centre wanted to implement the checklist for a trial period of six months, to determine whether it was situationally appropriate and feasible to administer. An assessment of face and concurrent validity was also contemplated at this time. Since the latter study involved implementing a new procedure, it required administrative approval from all levels. A meeting of all administrative decision-makers was called (to which health care staff from the Calgary Remand Centre and all local forensic psychiatrists were invited), the problem was discussed, the checklist was presented as a potential solution, and the results of the reliability study were introduced. Finally, a request for a six-month trial was made, discussed, and approved in principle. Official authorization to proceed was received shortly thereafter.

Prior to implementing the checklist, the evaluation team presented a clinical in-service to all interested health care, correctional, and administrative

personnel, which focused on diagnosis, risk management, and the role of depression in suicide. The development of the checklist was formally presented (although many were already familiar with this process), and plans for the implementation of the field test were discussed. Feasibility issues and problems were highlighted and solutions were identified. Staff were encouraged to take an active role in the discussion and to share their ideas and concerns, which all did in a supportive and enthusiastic manner.

During the trial, and especially during the early weeks, evaluation staff were very much in attendance to answer questions and resolve problems. As the screening process became routine, evaluation members were less visible, often appearing only monthly to pick up the completed checklists. At the close of the trial an informal meeting with representatives from the health care staff was held, with the objective of gaining general impressions, identifying any difficulties, and sharing some preliminary ideas concerning the findings. When the data had been analyzed, a three-page summary was prepared and sent to clinical and administrative decision-makers.

Results from the preliminary assessment were positive, and a proper assessment of the discriminant validity of the checklist was proposed. As this was a major departure from the original intent of the evaluation, it was treated as a formal research project that required a scientific protocol.

Moral and methodological difficulties associated with suicide research on captive populations were discussed with the Provincial Suicidologist before the proposal was prepared. Prior to formal ethics review, the proposal was discussed by the Suicide Behaviours Research Interest Group as well as by a previously convened administrative decision-making committee from the Solicitor General's office. A test site, the Edmonton Remand Centre, was chosen, and appropriate administrative approvals were received. The protocol was then reviewed by the appropriate ethics and regulatory committees governing research at the University of Calgary.

Although in Calgary nursing personnel had been most involved in development and testing of the checklist, psychology staff were in charge of testing in Edmonton. The initial meeting with Edmonton staff consisted of an in-service similar to that conducted at the Calgary Remand Centre (which was requested), as well as a presentation concerning the evaluation's progress to date and the Edmonton Centre's role in the final study phase. As before, feasibility issues surrounding the data collection were discussed, and a final strategy was agreed upon. A side trip for input was also undertaken to the Fort Saskatchewan Correctional Centre.

When the study was completed a colloquium was convened, composed of interested forensic and other academic psychiatrists, correctional health care staff, and such other key individuals as the Provincial Suicidologist, a psychologist (who acted as moderator), and a law professor. Findings were circulated in advance, along with a list of discussion issues centered on the difficulty of predicting risk, management of suicide behaviours in jails and prisons, and the proper place of a checklist. Proceedings were taped, edited, and included as recommendations in the final report shortly thereafter delivered to the Assistant Deputy Minister.

This process was successful in that it maintained high levels of interest and enthusiasm for the project across several institutional settings, among administrative and clinical staff, and at the various government organizational levels. The study process was also successful in bringing about important changes in the conceptualization and definition of suicide risk, the way in which information on potentially suicidal inmates is collected, and the manner in which this information is computer stored. At present, the checklist is being implemented on a province-wide basis.

## Difficulties With the Process

Patton's (1978) observation that the identification and inclusion of relevant stakeholders is correlated to utilization is certainly supported by this project, although inclusion of these individuals from a large government organization may be more difficult than Patton envisioned. The real difficulty, however, lies in the impact such involvement has on the methodological integrity of the study. Because the utilization-focused approach relies on participation, it has a great potential for reactivity—altering the study situation and generating artifactual findings.

The aim of this evaluation was to develop and evaluate the efficiency and efficacy of a suicide screening process. Although it is true that such a process may be assessed in terms of face validity and the ease with which it is implemented, this is not sufficient. It also must be rigorously evaluated using empirical methods. In this case, however, attention to the personal component undermined methodological rigor. The process was reactive because it alerted health care workers to the importance of identifying suicidal inmates. A series of clinical in-services assisted these individuals in identifying some of the more common causes and correlates of suicide behaviours. Finally, the process emphasized the importance of a standard interview using the same set of questions and a similar format.

As a result, the study findings might be explained by a rival hypothesis: that the interest, enthusiasm, and knowledge which resulted from this study combined to create a Hawthorne effect whereby study participants (health care staff) improved their ability to detect suicidal inmates because they had been part of the study process. Thus, it is not clear to what extent the entire organization facilitated the detection and management of suicide behaviours.

In light of this possibility, evaluation measures that showed a decline in the number of suicidal behaviours and suicidal inmates became difficult to interpret. Were these the result of the application of a valid screening process or were they an artifact of the study? From a practical standpoint, it may make little difference whether the evaluation or the treatment can be credited with achieving the desire effect, since the effect was achieved. However, if the effect is produced by the evaluation process, there is no guarantee that it will be lasting or that it can be exported to other settings, where knowledge, interest, and enthusiasm may not be as great.

Thus, evaluators face a difficult dilemma. On the one hand they must adopt a strategy which maximizes the potential for utilization. As Patton (1978) has observed, this is done by involving the relevant people in the evaluation process, or, in methodological terms, by creating a reactive situation. On the other hand, evaluators must design and execute a study which is methodologically sound and provides a rigorous, empirical test for whatever treatment is under scrutiny. Both cannot easily be achieved.

## CONCLUSION

This article has attempted to highlight some of the complexities of the evaluation process as it affects evaluation methodology. The dilemma between subject participation versus reactivity is identified as an important issue that is worth considering when embarking on an evaluation course. Evaluators who are sensitive to this dilemma may successfully maximize the positive aspects of participation while minimizing the negative methodological consequences, although this is a task which undoubtedly requires both great imagination and great skill.

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